



Ethics Consultation Request Form

This form is used to collect information from the individual or group requesting the Ethics Consultation. This form is to be completed by the individual requesting the Ethics Consultation. In some cases, the Chairperson receiving the request may collect the information and complete the form.

<i>Individual Requesting Ethics Consultation Service</i>		
Name		
Position		
Telephone Number		
Pager Number		
E-mail		
<i>Details of the Specific Issue for Ethical Consultation</i>		
Program/Department		
Location (Community/Site/Unit)		
Manager		
Description (add another page if needed)		
<i>Individuals Needing to Attend Ethics Consultation</i>		
Name	Position	Telephone & Email
Date:	Signed:	

Send this Request Form to: Chairperson, Western Health Ethics Committee
 People, Safety & Quality Branch
 Western Health
 P.O. Box 2005, Corner Brook, NL A2H 6J7
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